

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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JAN 27 2020

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2020 REGISTRATIONLobbyist Registration
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Fernandes, Amanda

LOBBYIST FIRM/EMPLOYER (if applicable)

American Civil Liberties Union of Hawaii Foundation

TELEPHONE

808-522-5900

MAILING ADDRESS (No. and Street or P.O. Box)

PO Box 3410

FAX 808-522-5909

EMAIL mfernandes@acluhawaii.org

(City) Honolulu

(State) HI

(Zip Code) 96801

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

American Civil Liberties Union of Hawaii Foundation

TELEPHONE

808-522-5900

MAILING ADDRESS (No. and Street or P.O. Box)

PO Box 3410

FAX 808-522-5909

EMAIL office@acluhawaii.org

(City) Honolulu

(State) HI

(Zip Code) 96801

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

☒ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

☒ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY☐ Business & Economic Development☐ Community Services☐ Customer Services☐ Culture & Arts☐ Housing☐ Public Works, Infrastructure & Sustainability☐ Parks & Recreation☐ Public Health, Safety & Welfare☐ Tourism☐ Transportation☐ Zoning & Planning☐ Specific Legislation:☐ Additional Sheet(s) Attached

Bill No. _____ (Year) _____

Reso No. _____

Admin. Rule No. _____

Dept. _____

☒ Other (indicate below):

Civil Rights and Civil Liberties

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.


LOBBYIST SIGNATURE1-7-2020

DATE

Subscribed and sworn to before me

This ____ day of _____, _____.

By: See attached notary page.

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:
_____**PART V AUTHORIZATION TO LOBBY**

NAME

Joshua Wisch

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive Director

NAME OF ORGANIZATION (if applicable)

American Civil Liberties Union of Hawaii Foundation

TELEPHONE

808-522-5903

MAILING ADDRESS (No. and Street or P.O. Box)

PO Box 3410

FAX

808-522-5909

EMAIL

jwisch@acluhawaii.org

(City)

Honolulu

(State)

HI

(Zip Code)

96801

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/7/2020

(Date)

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Patrick Y. Taormae

A circular notary seal for Patrick Y. Taomae. The outer ring contains the text "PATRICK Y. TAOMAE" at the top and "STATE OF HAWAII" at the bottom, separated by two stars. The inner circle contains the word "NOTARY" at the top, the commission number "99-326" in the center, and the word "PUBLIC" at the bottom.

My Commission Expires: 6/30/2023